

IN THE UNITED STATES BANKRUPTCY COURT
DISTRICT OF PUERTO RICO

IN RE:

SEBASTIAN NEGRON TORRES

DEBTOR(S)

CASE NO.: 22-01893-ESL

CHAPTER 13

NOTICE OF FILING AMENDED SCHEDULE I

TO THE HONORABLE COURT:

COME NOW, Debtor(s) represented by the undersigned attorney and respectfully informs the filing of the following amendment:

AMENDED SCHEDULE I – CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

Debtor(s) also informs that the purpose of the amendment is to:

We HEREBY CERTIFY that on this same date, we electronically filed the foregoing with the Clerk of the Court using the CM/ECF Filing System which will send a notification, upon information and belief, of such filing to the followings:

CHAPTER 13 TRUSTEE AND THE UNITED STATES TRUSTEE

We also hereby certify that this same date we have mailed by United States Postal Service the document to all creditors and parties in interest as per attached master address list.

RESPECTFULLY SUBMITTED

In San Juan, Puerto Rico this 8TH day of August 2022.

/S/Victor C. Thomas Santiago
USDC PR 209807
127 De Diego Avenue
Cond. Vallecillo Apt. 1-A
San Juan, Puerto Rico 00911
Tel. (787) 722-5601
Fax (787) 724-6366
e-mail:vthomas@thomasmag.com

Fill in this information to identify your case:

Debtor 1	SEBASTIAN NEGRON TORRES
Debtor 2 (Spouse, if filing)	
United States Bankruptcy Court for the:	DISTRICT OF PUERTO RICO
Case number (If known)	22-01893

Check if this is:

- An amended filing
 A supplement showing postpetition chapter 13 income as of the following date:
 MM / DD / YYYY

Official Form 106I

Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: Describe Employment

1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Employment status

Debtor 1	Debtor 2 or non-filing spouse
<input checked="" type="checkbox"/> Employed	<input checked="" type="checkbox"/> Employed
<input type="checkbox"/> Not employed	<input type="checkbox"/> Not employed
ACCOUNT MANAGER	TEACHER
PARAGON MEDS	KINESIS IT ACADEMY INC
3300 CORP AVE SUITE 114 Fort Lauderdale, FL 33331	1001 CALLE SAN ROBERTO San Juan, PR 00926

How long employed there?

6 DAYS

1 YEAR

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

	For Debtor 1	For Debtor 2 or non-filing spouse
2. List monthly gross wages, salary, and commissions (before all payroll deductions). If not paid monthly, calculate what the monthly wage would be.	2. \$ 3,499.99	\$ 3,333.35
3. Estimate and list monthly overtime pay.	3. +\$ 0.00	+\$ 0.00
4. Calculate gross income. Add line 2 + line 3.	4. \$ 3,499.99	\$ 3,333.35

Debtor 1 **SEBASTIAN NEGRON TORRES**

Case number (if known) **22-01893**

Copy line 4 here

	For Debtor 1	For Debtor 2 or non-filing spouse
4.	\$ 3,499.99	\$ 3,333.35

5. List all payroll deductions:

- 5a. Tax, Medicare, and Social Security deductions
- 5b. Mandatory contributions for retirement plans
- 5c. Voluntary contributions for retirement plans
- 5d. Required repayments of retirement fund loans
- 5e. Insurance
- 5f. Domestic support obligations
- 5g. Union dues
- 5h. Other deductions. Specify: _____

5a.	\$ 349.98	\$ 596.83
5b.	\$ 0.00	\$ 0.00
5c.	\$ 0.00	\$ 0.00
5d.	\$ 0.00	\$ 0.00
5e.	\$ 0.00	\$ 235.47
5f.	\$ 0.00	\$ 0.00
5g.	\$ 0.00	\$ 0.00
5h.+	\$ 0.00	+ \$ 0.00

6. Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.

6. \$ **349.98** \$ **832.30**

7. Calculate total monthly take-home pay. Subtract line 6 from line 4.

7. \$ **3,150.01** \$ **2,501.05**

8. List all other income regularly received:

- 8a. Net income from rental property and from operating a business, profession, or farm
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.
- 8b. Interest and dividends
- 8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.
- 8d. Unemployment compensation
- 8e. Social Security
- 8f. Other government assistance that you regularly receive
Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.
Specify: _____
- 8g. Pension or retirement income

8a.	\$ 0.00	\$ 0.00
8b.	\$ 0.00	\$ 0.00
8c.	\$ 0.00	\$ 0.00
8d.	\$ 0.00	\$ 0.00
8e.	\$ 0.00	\$ 0.00

SURGICAL NUTRITION MONTHLY

8h. Other monthly income. Specify: **NET INCOME**
CAR ALLOWANCE

8h.+ \$ **2,088.40** + \$ **0.00**

\$ **350.00** \$ **0.00**

9. Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.

9. \$ **2,438.40** \$ **0.00**

10. Calculate monthly income. Add line 7 + line 9.

10. \$ **5,588.41** + \$ **2,501.05** = \$ **8,089.46**

Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.

11. State all other regular contributions to the expenses that you list in *Schedule J*.

Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.

Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in *Schedule J*.
Specify: _____

11. +\$ **0.00**

12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income.

Write that amount on the *Summary of Schedules and Statistical Summary of Certain Liabilities and Related Data*, if it applies

12. \$ **8,089.46**

Combined
monthly income

13. Do you expect an increase or decrease within the year after you file this form?

No.

Yes. Explain: _____

Fill in this information to identify your case:

Debtor 1	SEBASTIAN NEGRON TORRES		
	First Name	Middle Name	Last Name
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the: <u>DISTRICT OF PUERTO RICO</u>			
Case number <u>22-01893</u> (if known)			

Check if this is an amended filing

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

 Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

No

Yes. Name of person _____

Attach *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119)

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

X /s/ SEBASTIAN NEGRON TORRES
SEBASTIAN NEGRON TORRES
Signature of Debtor 1

X

Signature of Debtor 2

Date August 8, 2022

Date _____

Label Matrix for local noticing

0104-3

Case 22-01893-ESL13

District of Puerto Rico

Old San Juan

Mon Aug 8 18:00:24 AST 2022

DEPARTAMENTO DE HACIENDA DE PR

BANKRUPTCY DEPARTMENT

PO BOX 9024140

SAN JUAN, PR 00902-4140

POPULAR AUTO

PO BOX 366818

SAN JUAN, PR 00936-6818

US Bankruptcy Court District of P.R.

Jose V Toledo Fed Bldg & US Courthouse

300 Recinto Sur Street, Room 109

San Juan, PR 00901-1964

LCDO. RAMON PEREZ GONZALEZ

CALLE HATILLO #6

San Juan, PR 00918-4422

(p)LUMA ENERGY

REVENUE PROTECTION

PO BOX 364267

SAN JUAN PR 00936-4267

(p)DSNB MACY S

CITIBANK

1000 TECHNOLOGY DRIVE MS 777

O FALLON MO 63368-2222

OPENSKY CAPITAL BANK

101 CROSSWAYS PARK WEST

Woodbury, NY 11797-2020

POPULAR AUTO

BANKRUPTCY DEPARTMENT

PO BOX 366818

SAN JUAN, PR 00936-6818

Premier Bankcard, LLC

Jefferson Capital Systems LLC Assignee

Po Box 7999

Saint Cloud MN 56302-7999

ROBERTO LOPEZ GONZALEZ

PO BOX 361582

SAN JUAN PR 00936

ALEJANDRO OLIVERAS RIVERA

ALEJANDRO OLIVERAS CHAPTER 13 TRUSTEE

PO BOX 9024062

SAN JUAN, PR 00902-4062

MONSITA LECAROZ ARRIETAS

OFFICE OF THE US TRUSTEE (UST)

OCHOA BUILDING

500 TANCA STREET SUITE 301

SAN JUAN, PR 00901

ROBERTO LOPEZ GONZALEZ

PO BOX 361582

SAN JUAN, PR 00936-1582

SEBASTIAN NEGRON TORRES

658 AVE MIRAMAR 901

San Juan, PR 00907-3480

VICTOR THOMAS SANTIAGO

127 DE DIEGO AVE APT 1-A

SAN JUAN, PR 00911-1909

The preferred mailing address (p) above has been substituted for the following entity/entities as so specified by said entity/entities in a Notice of Address filed pursuant to 11 U.S.C. 342(f) and Fed.R.Bank.P. 2002 (g)(4).

LUMA ENERGY

REVENUE PROTECTION

PO BOX 364267

SAN JUAN, PR 00936

MACYS

PO BOX 8218

Mason, OH 45040

End of Label Matrix

Mailable recipients 17

Bypassed recipients 0

Total 17